

PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 19603/4230 (CRF D-2238-04)														
CERTIFICATE OF MAILING I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop _____, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, or being facsimile transmitted to the USPTO at _____, on _____. Signature: _____ Name: _____	In re Application of Goldman et al. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 5px;">Application Number 09/282,239</td> <td style="width: 40%; padding: 5px;">Filed March 31, 1999</td> </tr> <tr> <td colspan="2" style="padding: 5px; text-align: center;"> For A METHOD FOR ISOLATING AND PURIFYING OLIGODENDROCYTES AND OLIGODENDROCYTE PROGENITOR CELLS </td> </tr> <tr> <td style="padding: 5px;">Group Art Unit 1652</td> <td style="padding: 5px;">Examiner R. Hutson</td> </tr> </table>		Application Number 09/282,239	Filed March 31, 1999	For A METHOD FOR ISOLATING AND PURIFYING OLIGODENDROCYTES AND OLIGODENDROCYTE PROGENITOR CELLS		Group Art Unit 1652	Examiner R. Hutson								
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<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and appropriate entity fee are as follows (check time period desired):</p> <table style="width: 100%;"> <tr> <td><input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)</td> <td style="text-align: right;">\$ <u>525.00</u></td> </tr> <tr> <td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)</td> <td style="text-align: right;">\$ _____</td> </tr> <tr> <td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)</td> <td style="text-align: right;">\$ _____</td> </tr> </table> <p><input checked="" type="checkbox"/> Applicant claims small entity status.</p> <p><input type="checkbox"/> A check to cover the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Commissioner has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>141138</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor</p> <p style="margin-left: 40px;"><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).</p> <p style="margin-left: 40px;"><input checked="" type="checkbox"/> attorney or agent of record.</p> <p style="margin-left: 40px;"><input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a) _____.</p> <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; text-align: center;"> _____ /Michael L. Goldman/ Signature </td> <td style="width: 50%; text-align: center;"> _____ December 7, 2007 Date </td> </tr> <tr> <td style="width: 50%; text-align: center;"> _____ Michael L. Goldman Typed or printed name </td> <td style="width: 50%; text-align: center;"> _____ (585) 263-1304 Telephone Number </td> </tr> </table> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p>			<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____	<input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) - (\$230/\$460)	\$ _____	<input checked="" type="checkbox"/> Three months (37 CFR 1.17(a)(3)) - (\$525/\$1050)	\$ <u>525.00</u>	<input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) - (\$820/\$1640)	\$ _____	<input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) - (\$1115/\$2230)	\$ _____	_____ /Michael L. Goldman/ Signature	_____ December 7, 2007 Date	_____ Michael L. Goldman Typed or printed name	_____ (585) 263-1304 Telephone Number
<input type="checkbox"/> One month (37 CFR 1.17(a)(1)) - (\$60/\$120)	\$ _____															
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<input checked="" type="checkbox"/> Total of 1 form is submitted.																

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